

**CARDIOVASCULAR HEALTH AND PHYSICAL ACTIVITY**

Other points that need to be considered:

1. A structured exercise program is not necessarily required to gain the benefit of physical activity, however regular sustained activity of moderate intensity is required.
2. This physical activity must be done on a regular, frequent basis in order to maintain the benefits.
3. People with cardiovascular disease should absolutely be under the care of a physician before they start a program of increased physical activity. There are many programs in most communities to accomplish this. People in this category should be urged to talk to their physicians. Below are a number of activities and an index of their caloric expenditure for an average 150lb person according to The American Heart Association.

<u>Activity</u>	<u>Calories</u>
Walking 3 mph	320
Swimming 50 yds/min	500
Running 7 mph	920
Jump rope	750
Bicycling 12 mph	410

**HORMONE REPLACEMENT THERAPY (HRT) IN POST MENOPAUSAL WOMEN**

The American Heart Association's publication (2000 Heart and Stroke Statistical Update) shows that women have significant risk for coronary artery disease and its consequences. Approximately 230,000 women die each year from coronary artery disease. This is the #1 cause of death in American women. Clearly, coronary artery disease is a major health risk for women. However, in general the onset of coronary disease in women appears to be 10-15 years later in women than in men. Although not completely understood, this is presumably due to the protective affect of the sex hormone estrogen present in pre-menopausal women. Thus, in women who are post menopausal or lack estrogen due to ovary removal, they develop the same risk as men as it relates to the development of coronary artery disease. This has prompted the use of HRT to combat this risk.

Recent discussion in the January 26<sup>th</sup> issue of The Journal of American Medical Association raises a red flag concerning HRT in post menopausal women. Combined estrogen and progesterone used long term significantly increases the risk of developing breast cancer beyond the risk of estrogen used alone. The American Heart Association strongly suggests that risk factor management such as smoking cessation, blood pressure control and lipid management should be first line management prior to HRT as it relates to cardiovascular risk factor control.

There are risks and benefits of HRT and there are different types of HRT. Therefore, this modality should only be used under the strict guidance and control of your healthcare professional.

FIGURE 6M

**ANGER AND STRESS AFFECT THE CARDIOVASCULAR SYSTEM**

More and more data is becoming available showing that feelings of anger and hostility and feelings of depression can negatively impact one's cardiovascular health. It is not known for sure, but it appears these feelings of anger and stress set off physiologic responses in the body that can result in myocardial ischemia. This can take the form of either angina or actually a heart attack. Studies have shown that shortly after having an argument or developing feelings of anger due to other conflicts, such as with family or in the workplace, can result in cardiovascular manifestations. Interestingly, it appears that taking an aspirin prior to these events can protect against these affects. Similarly, feelings of depression appear to be a strong predictor of cardiovascular disease.

There is some recent data demonstrating that counseling and behavior modification as it relates to anger and depression may improve one's cardiovascular health.

FOOTNOTES: 56022500